

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/518427	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34	4					
35	4					
36	1					
37	1					
38	1					
39	1					
40	2					
41	2					
42	2					
43	2					
44	—					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	1		1		1	

51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	2					
58	2					
59	2					
60	2					
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100						
TOTAL IND.	1		1		1	
TOTAL DEP.	72		72		72	
TOTAL CLAIMS	73		73		73	